EXHIBIT B

United States Bankruptcy Court, District of Nevada

In re USA Commercial Mortgage Company,

Chapter 11 Case No. 06-10725

VOIDED CLAIM

Clain	n Number 1686 was voided for the following reason:
	Clerical Error
	Duplicate of Original Filed Under Another Claim Number (Claim No. 1683)
	Other:

	UNITED BESTE	054127	(45, pyv2 8, 19 00 9349	216 59 4	OF OF PLANT	∂⊅agePage2	23 of 11
A No. or establishment being er who				Case Nu	mhor		
	of Debtor:		_				
USA	Commercial M	origaçie	Company	06-107	'25-LBR		
This form	fer the commenceme	omake a ent of the c	and Case Numbers claim for an administrative ex ase. A 'request" for payment ruant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name	of Creditor and		***		statement giving particulars.	OF CLAIM. THIS I	O <u>NOT</u> HAVE TO FILE A PROOF NCLUDES MONEY FROM THAT
			1132124203724	! 6	Check box if you have never received any notices	BORROWER HELD	IN THE COLLECTION ACCOUNT.
	N CHTUG III. 238 BRANCH FREEFORT N	WE:			from the bankruptcy court or BMC Group in this case.		S PROOF OF CLAIM FOR A ST IN A BORROWER THAT IS NOT TORS.
					Check box if this address differs from the address on the envelope sent to you by the	If you have alrea	ady filed a proof of claim with the or BMC, you do not need to file again.
Creditor	Telechone Number ((616) 3213	-1127		court.		IS FOR COURT USE ONLY
Last four	digits of accourtor	ether num	er by which creditor dentifies	debtor:	Check here replain or if this claim amer	cesCUA My # (00) a previously finds	151,723,674,673 filed claim dated: 10120/00 10/23/00
1. BASIS	FOR CLAIM			Retiree	penefits as defined in 11 U.S.	.C. § 1114(a)	Unremitted principal
=	ods sold		r nal injur //wrongful death	Wages,	salaries, and compensation (fill out below)	Other claims against servicer
_	rvices performed	Tab∈e			r digits of your SS #:		(not for loan balances)
⊠ Mo	ney loaned	F1 Où• 11 Où•	(describe briefly)	Unpaid o	compensation for services pe	rformed from:	(date) to (date)
	DEBT WAS INCUR		Title		OURT JUDGMENT, DATE O		
	SIFICATION OF CL. verse side for important		ck the appropriate box or boxes th	at best descr	-	unt of the claim at th	e time case filed.
1	URED NONPEIOR				SECURED CLAIM	alaim in	ad bu callataval (including
өхс	ock this box if: a) there is seeks the value of the pr tled to priority.	s no collater reperty secu	rel or lien securing your claim, or b ring it, or it o) none or only part of	o) your claim y our claim is	a right of setoff). Brief description of		ed by collateral (including
	JRES PRIORITY CL	J.JM			Real Estate		Other
	ck this box if you have ted to priority.	an unsecure	el claim, all or part of which is		Value of Collateral	_	do, 667.00EST
Amo	ount entitled to priority	\$			Amount of arrearage a		at time case filed included in
-	cify the priority of the ol				secured claim, if any:	\$ 655.3	3 (INTEREST-SEE
_			LS.C. § £07(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits tow services for personal, family,		or rental of property or
☐ befo		try petition (o \$10,000)*, earned within 180 day or cessation of the debter's -C8 507(aV4)	′'	Taxes or penalties owed to go	overnmental units - 1	1 U.S.C. § 507(a)(8).
			lan - 11 U.S.C. § 507(a)(5)	L	Other - Specify applicable par * Amounts are subject to adju		
					with respect to cases commer		date of adjustment.
	L AMOUNT OF CLA IME CASE FILED:	VIM \$	\$	50,0			\$ 50,633,33
		udes intere	(unsecured) st or other charges in addition to	•	secured) amount of the claim. Attach ite	(priority) emized statement of	(Total) all interest or additional charges.
 CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. 							
ACC for e	EPTED) so that it is ach person or entit	actually	oof of claim form must be se received on or before 5:00 p ng individuals, partnerships,	m, prevaili i	ng Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
BY M	ernmental units). IAIL 1'O: Group			BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	D:	
Attn:	USACM Claims Doo	keting Ce	nter	Attn: USA	ACM Claims Docketing Cente	er	
1	. Box 911 egundo, CA 90245-09	911			st Franklin Avenue do, CA 90245		
DATE		SIGN and	print the name and title, if any, of	the creditor of	r other person authorized to file		
12/7/06, Chines, Emily Claright							

Caco (46-10 KAP WINDE IDOC BIX1:0	1-7-0-1E	<u> </u>	16056_P2	AREALOT 11
UNITED STATES BANKRUPTCY GOURT BISTRICT OF NEVADA	PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS:	
Name of Debtor:	Case Nu	Case Number:		ID s32311
USA Commercial Mortgage Company	06-107	'25-LBR	Amount/Classific	
	Ì		\$26,794.30 Unse	ecured
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative exparising after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address:	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.	scheduled by the I you agree with the other claim agains this proof of claim If the amounts st Unliquidated or I	ected above constitute your claim as Debtor or pursuant to a filed claim. If a amounts set forth herein, and have no at the Debtor, you do not need to file EXCEPT as stated below. nown above are listed as Contingent, Disputed, a proof of claim must be
Monat Medes, on seems store		Check box if this address differs from the address on the	filed. If you have air	ready filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Court	or BMC, you do not need to file again.
Creditor Telephone Number (76) 200 - 9958 Last four digits of account or other number by which creditor identifies	ala laka	court.	THIS SPAC	CE IS FOR COURT USE ONLY
Accomt ID - 6315	debtor:	Check here repla if this claim amer	 a previously 	y filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation of digits of your SS #:	(fill out below)	Other claims against services (not for loan balances)
☐ Money loaned ☐ Other (describe briefly)		ompensation for services pe	rformed from:	to
2 DATE DEPT WAS INCHEDED.	la JE C	OURT HIDOMENT DATE	DTAINED.	(date) (date)
2. DATE DEBT WAS INCURRED: 3/15/06 4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that		DURT JUDGMENT, DATE Of the vour claim and state the amounts		e time case filed.
See reverse side for important explanations.		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if: a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of your entitled to priority.				ured by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate	_	e 🛘 Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral	_	e 🔲 Otilei
Amount entitled to priority \$ 2979430 Specify the priority of the claim:		Amount of arrearage a secured claim, if any:		at time case filed included in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa services for personal, family, o		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).		Taxes or penalties owed to go	vernmental units - 1	11 U.S.C. § 507(a)(8).
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L	Other - Specify applicable para * Amounts are subject to adjus	• .	. ,,,,
		with respect to cases commen		
5. TOTAL AMOUNT OF CLAIM \$ \$		\$ 29,7	194.30	\$ 29,794.30
(unsecured)	,	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	ie principal	amount of the claim. Attach ite	mized statement o	of all interest or additional charges.
 CREDITS: The amount of all payments on this claim has been cred. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, running accounts, contracts, court judgments, mortgages, security a DOCUMENTS. If the documents are not available, explain. If the documents are not available, explain. If the documents are not available, explain. If the documents are not available, explain. 	<i>uments,</i> su agreement documents	ch as promissory notes, pur s, and evidence of perfection are voluminous, attach a su	chase orders, inv n of lien. DO No mmary.	voices, itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5:00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, o				JOE ONE!
		OR OVERNIGHT DELIVERY TO	:	
Attn: USACM Claims Docketing Center	Attn: USA	лр СМ Claims Docketing Cente	r	
P. O. Box 911	1330 East	Franklin Avenue		
DATE SIGN and print the name and title, if any, of the	creditor or o			
12/16/06 this claim (attach copy of power of attorne	ey, if any):			

THE CO	SECRETARIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DE LA COMPONIO DE LA COMPONIO DEL COMPONIO DE LA COMPONIO DEL COMPONIO DEL COMPONIO DE LA COMPONIO DE LA COMPONIO DEL COMP	- 66-10725-m+zDoc-9	21·0	-2-0-1 5r	140 rod: 110/07/33 34:	16-57Pa	<u>ae.5 of 11</u>
	UNITED STATE DISTR	S SANKRUPTO / COURT ICT OF NEVADA		PRO	OOF OF CLAIM	YOUR CL	AIM IS SCHEDULED AS:
Na	Name of Debtor: Cas			Case Nu	mber:	Schedule/Claim	D s32312
	USA Commercial N	Nortgage Company		06-107	725-LBR	Amount/Classific	ation
						\$35,836.18 Unse	cured
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expenarising after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address: 113212400014 RAYMOND TROLL TRUST			of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have	The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.		
		FROLL TRUSTEE A LN			never received any notices from the bankruptcy court or BMC Group in this case.	If the amounts st	nown above are listed as Contingent, Disputed, a proof of claim must be
					Check box if this address differs from the address on the envelope sent to you by the court.	if you have air Bankruptcy Court	eady filed a proof of claim with the or BMC, you do not need to file again.
	ditor Telephone Number (0760 200-9958 other number by which creditor iden	tifice (dobtor	Court	THIS SPAC	CE IS FOR COURT USE ONLY
6	Account I	P - 6315		Jeptor.	Check here repla if this claim amer	a proviously	y filed claim dated:
1. B	ASIS FOR CLAIM			Retiree b	enefits as defined in 11 U.S	.C. § 1114(a)	Unremitted principal
-	Goods sold Services performed	Personal injury/wrongful death Taxes		_	salaries, and compensation	(fill out below)	Other claims against servicer (not for loan balances)
	Money loaned	Other (describe briefly)			digits of your SS #: ompensation for services pe	erformed from:	to
							(date) (date)
	ATE DEBT WAS INCUR				OURT JUDGMENT, DATE O		
	CLASSIFICATION OF CLA ee reverse side for important	AIM. Check the appropriate box or boxe explanations.	es that t	best describ	•	nt of the claim at th	e time case filed.
UN	SECURED NONPRIORIT	TY CLAIM \$			SECURED CLAIM	aur alaim ia assu	and he collateral finalestina
	exceeds the value of the pro	no collateral or lien securing your claim, operty securing it, or if c) none or only part			a right of setoff).	our ciaim is secu	red by collateral (including
LINIS	entitled to priority. SECURED PRIORITY CL	AIN			Brief description of	collateral:	
		n unsecured claim, all or part of which is			Real Estate	Motor Vehicle	Other
	entitled to priority.	2-1006			Value of Collateral		
	Amount entitled to priority Specify the priority of the cla	\$ <u>35, 11706</u>			Amount of arrearage a secured claim, if any:	nd other charges \$	at time case filed included in
		s under 11 U.S.C. § 507(a)(1)(A) or (a)(1)			Up to \$2,225* of deposits toward services for personal, family, of		
		sions (up to \$10,000)*, earned within 180 by petition or cessation of the debtor's	oays		Taxes or penalties owed to go		* ' ' ' ' '
Ш		e benefit plan - 11 U.S.C. § 507(a)(5).			Other - Specify applicable para	· .	- ' ' ' '
					 Amounts are subject to adjust with respect to cases commen 	stment on 4/1/07 an ced on or after the	d every 3 years thereafter date of adjustment.
	OTAL AMOUNT OF CLA AT TIME CASE FILED:	IM \$	\$_		- \$ 35	117.06	\$ 35/17.06
1		(unsecured) udes interest or other charges in additio	n to the	•	ecured) amount of the claim. Attach ite	(priority) mized statement ((Total) of all interest or additional charges.
7. 9	SUPPORTING DOCUM	f all payments on this claim has bee IENTS: <u>Attach copies of supporting</u>	docu	<i>ments,</i> su	ch as promissory notes, pur	chase orders, inv	voices, itemized statements of
		ts, court judgments, mortgages, sec uments are not available, explain. I					OT SEND ORIGINAL
8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.							
f	ACCEPTED) so that it is or each person or entity	pleted proof of claim form must b actually received on or before 5:0 y (including individuals, partnersh)0 pm	, prevailir	ng Pacific time, on Novemb	per 13, 2006	THIS SPACE FOR COURT USE ONLY
E	governmental units). BY MAIL TO: BMC Group			BY HAND	OR OVERNIGHT DELIVERY TO	:	
4	Attn: USACM Claims Doc	keting Center			CM Claims Docketing Center	er	
	P. O. Box 911 El Segundo, CA 90245-09	911		1330 East	t Franklin Avenue do, CA 90245		
DAT	TE I	SIGN and print the name and title, if any,	of the	creditor or o			
	12/26/06	this claim (attach copy of power of	attome	ey, if any):			

Name of Debtor USA Commercial Mortgage Company OG-10725-LBR Case Number OG-10725-LBR OG-10725-L			/m∠188/	STGLECE!TY/ACLTATORE	TO Dane Ha	0 <u>650 01 TT</u>
USA Commercial Mortgage Company WOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expenses among after the commonsment of the growth of administrative expenses among after the commonsment of the growth of administrative expenses may be lifed pursuant to 11 U.S. C. \$503 Name of Cardio and Address THE SCHOONOUE FAMILY THE SCHOON THE SCHOONOUE FAMILY THE SCHOON THE SCHOOL THE SCHOOL THE SCHOOL THE SCHOON THE SCHOOL THE	- UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM		YOUR CLAIM IS SCHEDULED AS	
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The form should not be used to make a claim for an administrative expense may be fixed pursuant to 11 U.S.C.\$ 503 Name of Creditor and Address 11 U.S.C.\$ 503 THE SCHOONOVER FAMILY TRUST DATED 22/201 THUST DATED 22/201 THUST DATED 22/201 FRIDAT HARBOR, WA 98250-8140 FRID) 		\$28 804 73 Unse	cured
Same of Creditor and Address Statement growing periodulars THES CHOONOVER FAMILY	This form should not be used to make a clain arising after the commencement of the case	n for an administrative exp A request' for payment		aware that anyone else has filed a proof of claim relating	The amounts reflected above constitute your claim as	
Security depth of account or other number by which creditor identifies debtor Check here replaces a praviously filed claim dated This SPACE Security This SPACE This SPACE Security This SPACE This SPA	THE SCHOONOVER FAMILY TRUST DATED 2/23/04 C/O EDWARD L & SUSAN A SC 164 SHORETT DR	00505	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the		you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed If you have already filed a proof of claim with the	
BASIS FOR CLAIM				court	THIS SPAC	E IS FOR COURT USE ONLY
Goods sold Personal injury/wrongful death Taxes Services performed Taxes Money loaned Other (describe briefly) Unpact compensation (full out below) Last four digits of your SS # Unpact compensation for services performed from Loane Lo	Last four digits of account or other number by 49,5	y which creditor identifies	debtor	of the claim Of	 a previously 	r filed claim dated
Services performed Taxes Wages, salames, and compensation (inition below) Content claim belances Content for his belanc			Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed Sere reverse side for important explanations UNSECURED NONPRIORITY CLAIM Check this box if a) there is no collateral or lens securing your claim or b) your claim exceeds the value of the property securing it or if c) notice or only part of your claim is exceeds the value of the property securing it or if c) notice or only part of your claim is exceeds the value of the property securing it or if c) notice or only part of your claim is exceeds the value of the property securing it or if c) notice or only part of your claim is excluded. Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitlet to priority Specify the priority of the claim Domestic support obligations under if 1 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wagas salares or commissions (to to \$10,000)* earned within 180 days before filing of the bankcuptory potition or cossistion of the elethor's business whichever is cartier if 1 U.S.C. § 507(a)(5) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(6) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. AT TIME CASE FILED (Infocution) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach temizate or the date of adultiment The arriginal of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5.00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and increased to consession and the proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5	Services performed Taxes		_		(fill out below)	Other claims against service (not for loan balances)
ACLASSIFICATION OF CLAIM Check the box of burneportant explanations UNSECURED NONPRIORITY CLAIM \$ 29.27./9 Check the box of a branching of the barkuptcy petition or cessation of the claim at the time case filled secured by collateral (including anglet of secured by collateral (including expects the value of the property securing it or if c) none or only part of your claim secured the value of the property securing it or if c) none or only part of your claim secured by the value of the property securing it or if c) none or only part of your claims expects the value of the property securing it or if c) none or only part of your claim secured claim at the time case filled secured by collateral (including a right of setoff) Brief description of collateral Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Amount entitled to priority Specify the priority of the claim Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days business windhever is center 11 U.S.C. § \$507(a)(1) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalties owed to governmental unts 11 U.S.C. § 507(a)(7) Taxes or penalti	Money loaned Dither (des	cribe briefly)	Unpaid c	compensation for services pe	rformed from	
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM Check this box if a) there is no collateral or iron securing your claim or by your claim is exceeds the value of the property securing it or if () none or ority part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM Check this box if a) there is no collateral or iron securing your claim or included to priority. UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority. Amount entitled to priority. Amount entitled to priority. Specify the priority of the barkup to petition or cossation of the debtory before the priority of the priority petition or cossation of the debtory business whichever is earlier 11 U.S.C.§ 507(a)(1). Contributions to an employee benefit plan 11 U.S.C.§ 507(a)(5) Total AMOUNT OF CLAIM AT TIME CASE FILED (unsecured) (necured) (n	•					
UNSECURED NONPRIORITY CLAIM \$ 29227. 9 Check this box if a) there is no collateral or in securing your claim or b) your claim seceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority Secured Secu		appropriate box or boxes that	best describ	pe your claim and state the amou	nt of the claim at the	e time case filed
Meet this box if a) there is no collateral or len securing your claim or b) your dains exceeds the value of the property securing it or if c) none or only part of your claim is exceeds the value of the property securing it or if c) none or only part of your claim is exceeds the value of the property securing it or if c) none or only part of your claim is exceeded the value of the property securing it or if c) none or only part of your claim is exceeded the value of the property securing it or if c) none or only part of your claim is exceeded the value of the property securing it or if c) none or only part of your claim is exceeded by solicitating a right of setotify in the property securing it or if c) none or only part of your claim is exceeded the property of section in the property of the claim. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	I	19227.19				
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Case <u>Q6a1Q725-gwz25-poc 9319m218</u> Entered 120/07/11014716753_{0e} Page 7 of 11 UNITED STATES BANKRUPTCY COURT **PROOF OF CLAIM** DISTRICT OF NEVADA YOUR CLAIM IS SCHEDULED AS Schedule/Claim ID Name of Debtor Case Number Amount/Classification **USA Commercial Mortgage Company** 06-10725-LBR \$41 666 67 Unsecured NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has arising after the commencement of the case. A "request' for payment of an filed a proof of claim relating administrative expense may be filed pursuant to 11 USC § 503 The amounts reflected above constitute your claim as to your claim Attach copy of scheduled by the Debtor or pursuant to a filed claim if Name of Creditor and Address statement giving particulars you agree with the amounts set forth herein and have no 11321240000505 other claim against the Debtor you do not need to file Check box if you have THE SCHOONOVER FAMILY this proof of claim EXCEPT as stated below never received any notices TRUST DATED 2/23/04 from the bankruptcy court or If the amounts shown above are listed as Contingent, C/O EDWARD L & SUSAN A SCHOONOVER CO TTEES BMC Group in this case Unliquidated or Disputed a proof of claim must be 164 SHORETT DR Check box if this address FRIDAY HARBOR WA 98250 8140 If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (360) 3.7 8466 Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal ☐ Goods sold Personal injury/wrongful death Other claims against servicer (not for loan balances) Wages, salaries and compensation (fill out below) Services performed ☐ Taxes Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 3/1/2006 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM N/A UNSECURED NONPRIORITY CLAIM \$ 42277 83 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured claim all or part of which is ☐ Real Estate ☐ Motor Vehicle ☐ Other entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(7) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) business whichever is earlier 11 USC § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (__ Contribution to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 42277.83 77 83 AT TIME CASE FILED (unsecured) (secured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped, self addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245 0911 El Segundo, CA 90245 SIGN and print the name and title if any of the creditor or other person authorized to file DATE This claim (attach copy of power of attorney if any) EDW ARD L Sc. HOONS woll

Case 06-14/2/5-0WZ05-140C 9311	1 - 21.0 b 3	RIT e reatila/AU7/11:11	11/41/16 1 5 /4/16 Ha	10 kgres8 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	RUPTCY COURT PROOF OF CLAIR			AIM IS SCHEDULED AS
Name of Debtor	Case Nu	mber	Schedule/Claim II	
USA Commercial Mortgage Company		725-LBR	Amount/Classifica \$15 542 15 Unsec	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 USC § 503		Check box if you are aware that anyone else ha filed a proof of claim relating to your claim.	ng The amounts reflec	cted above constitute your claim as
Name of Creditor and Address THE SCHOONOVER FAMILY TRUST DATED 2/23/04 C/O EDWARD L & SUSAN A SCHOONOVER CO TTEES 164 SHORETT DR FRIDAY HARBOR WA 98250 8140	00505	statement giving particular Check box if you have never received any notice from the bankruptcy court BMC Group in this case Check box if this addidiffers from the address o envelope sent to you by the court	you agree with the other claim against this proof of claim lift the amounts sh Unliquidated or D filed If you have alres Bankruptcy Court	Debtor or pursuant to a filed claim. If amounts set forth herein and have no to the Debtor you do not need to file EXCEPT as stated below frown above are listed as Contingent, insputed, a proof of claim must be early filed a proof of claim with the or BMC you do not need to file again.
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies	dobtor	Count	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account of other number by which creditor identifies	debioi		replaces or a previously amends	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11	USC § 1114(a)	Unremitted principal
Goods sold Personal ınııury/wrongful death Services performed Taxes	_	salaries and compensar	ation (fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)		compensation for service	es performed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DA	ATE OBTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	best descri	oe your claim and state the	amount of the claim at the	e time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 15 779.60)	SECURED CLAIM	Л	
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Amount entitled to priority \$ Specify the priority of the claim		Amount of arreara	age and other charges	at time case filed included in
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Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L		e paragraph of 11 USC	* ,,,,,
			mmenced on or after the o	d every 3 years thereafter date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ /5779.60 \$ AT TIME CASE FILED (unsecured)		secured)	(priority)	\$ 1577960_ (Total)
Check this box if claim includes interest or other charges in addition to the	•	•	**	` '
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts, court judgments mortgages security of DOCUMENTS If the documents are not available, explain. If the documents are not available, explain.	<i>ıments,</i> sı agreemen	ich as promissory notes ts and evidence of perf	purchase orders invection of lien DO NO	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim, enclose a sta	amped self-addresse	d envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO	i, prevaili corporatio	ng Pacific time, on No	vember 13, 2006 ists and	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center P O Box 911	BMC Gro Attn USA	up .CM Claims Docketing (
		t Franklin Avenue do CA 90245		
DATE SIGN and print the name and title if any of the	creditor or ey if any)	other person authorized to	file towover	
01/9/2001 Sleaver 5/		TPUETSE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Case <u>Q6-1-0.725-0wz-5-0poc 93,19-21 offinitered 110/107/1111147</u>16;57_{0e} Page39 of 11 UNITED STATES BANKRUPTCY COURT. **PROOF OF CLAIM** DISTRICT OF NEVADA Schedule/Claim ID Name of Debtor Case Number Amount/Classification **USA Commercial Mortgage Company** 06-10725-LBR \$1 164 97 Unsecured NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are arising after the commencement of the case. A request, for payment of an aware that anyone else has filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 The amounts reflected above constitute your claim as to your claim. Attach copy of scheduled by the Debtor or pursuant to a filed claim. If Name of Creditor and Address statement giving particulars you agree with the amounts set forth herein and have no 11321240002256 other claim against the Debtor you do not need to file Check box if you have this proof of claim EXCEPT as stated below STANLEY C GERMAIN & DOROTHY GERMAIN never received any notices PO BOX 307 from the bankruptcy court or If the amounts shown above are listed as Contingent MONTROSE CA 91021 0307 BMC Group in this case Unliquidated or Disputed a proof of claim must be Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the court THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim BASIS FOR CLAIM Unremitted principal Retiree benefits as defined in 11 U S C § 1114(a) ☐ Goods sold Personal injury/wrongful death Other claims against servicer Wages salaries and compensation (fill out below) Services performed Taxes (not for loan balances) Last four digits of your SS # Other (describe briefly) Money loaned Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations **SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$** Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Other Real Estate Motor Vehicle Check this box if you have an unsecured claim all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(7) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) business whichever is earlier 11 U S C § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (____) Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED (unsecured) (secured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group JAN 08, Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Case 06-49725-gwz2500c 984212 15500cred=40007/1/12/4:16:55206Page 40 of 11 FORM B10 (Official Form 10) (10/05) DISTRICT OF Nevada UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM Case Number 06-10725-LBR Name of Debtor USA Commercial Mortgage Company NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to debtor owes money or property.
Dwight W: Harouff & Mary Ann Harouff, your claim. Attach copy of statement joint tenants with right of survivorship giving particulars. Check box if you have never received any Name and address where notices should be sent: notices from the bankruptcy court in this Dwight W. & Mary Ann Harouff case. 5680 Ruffian Road Check box if the address differs from the Las Vegas, NV 89149 address on the envelope sent to you by THIS SPACE IS HOR COURT USE ONLY Telephone number: (702) 873-6688 the court. Check here replaces Last four digits of account or other number by which creditor amends a previously filed claim, dated: identifies debtor: if this claim Retiree benefits as defined in 11 U.S.C. § 1114(a) **lesis** for Claim Wages, salaries, and compensation (fill out below) Goods sold Last four digits of your SS #: Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death from Taxes (date) (date) See Exhibit A Other Date debt was incurred: June, 2005 If court judgment, date obtained: 4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanation Secured Claim Unsecured Nonpriority Claim s 126,866.20 Check this box if your claim is secured by collateral (including Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority. a right of setoff). Brief Description of Collateral: Real Estate | Motor Vehicle Other Unsecured Priority Claim Value of Collateral: \$ unknown Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ 1,866,20 Amount entitled to priority \$_ Specify the priority of the claim: or services for personal, family, or household use - 11 U.S.C. Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7). (a)(1)(B)Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). 126,866.20 126866.20 126.866.20 5. Total Amount of Claim at Time Case Filed: (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7. Supporting Documents: Attack copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the

Up to \$2,225* of deposits toward purchase, lease, or rental of property Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter THIS SPACE IS ITOR COURT USE ONLY documents are not available, explain. If the documents are voluminous, attach a summary. 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized to Date file this claim (attach copy of power of attorney, if any):
Dwight W. Harouff
Dwight W. Harouff Dwaltune 1/9/07 Mary Ann Haront ne of up to \$600,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Case 06-19725-gw72500c 98120n2 20510tered 10/07/1/12/4:16:57age 200 11 of 11

FORM B10 (Official Form 10) (10/05) PROOF OF CLAIM United States Bankruptcy Court - District of Nevada Case Number Name of Debtor 06-10725-LBR **USA Commercial Mortgage Company** NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor (The person or other entity to whom the debtor owes Check box if you are aware that anyone else has filed a proof of money or property) claim relating to your claim. Scott Krusee Canepa Attach copy of statement giving particulars. Name and address where notices should be sent: Scott Krusee Canepa Check box if you have never c/o Laurel E. Davis received any notices from the bankruptcy court in this case. Lionel Sawyer & Collins 300 South Fourth Street, Suite 1700 Check box if the address differs Las Vegas, NV 89101 from the address on the envelope sent to you by the court. Telephone number: 702-383-8888 This Space is for Court Use Only Last 4 digits of account or other number by which creditor identifies debtor: Check here replaces a previously filed claim dated: if this claim ■ amends 1. Basis for Claim ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a) ☐ Goods sold ☐ Wages, salaries, and compensation (fill out below) ☐ Services performed Last four digits of SS #: ☐ Money loaned Unpaid compensation for services performed ☐ Personal injury/wrongful death □ Taxes (date) (date) Other See Attachment 3. If court judgment, date obtained: 2. Date debt was incurred: 4. Classification of Claim. Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed. side for important explanations Secured Claim ☐ Check this box if your claim is secured by collateral (including a right of setoff). Unsecured Nonpriority Claim S Brief Description of Collateral: ☐ Check this box if: a) there is no collateral or lien securing your claim, Real Estate Motor Vehicle Other __ or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. Value of Collateral: \$____ Unsecured Priority Claim. ☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in the secured claim, if any: \$ Amount entitled to priority \$ Specify the priority of the claim: ☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) services for personal, family, or household use - 11 U.S.C. § 507(a)(7). ☐ Wages, salaries, or commissions (up to \$10,000),* earned within 180 ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_ ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). st Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment, 5. Total Amount of Claim at Time Case Filed: \$ (priority) (unsecured) (secured) ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges. This Space is for Court Use Only 6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary 8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): January 12, 2007 /s/ Laurel E. Davis, Counsel for Claimant Laurel E. Davis, Counsel for Claimant